



PROFIT AND LOSS STATEMENT (EXAMPLE ONLY)

<Day>, <Date>
<Applicant's Name>
Application ID: <App Id#>
Member ID: <Member ID#>

Company Name: ABC Landscaping Company
Address: 1000 First Street
City, State, Zip: Los Angeles, CA 90022
Telephone: (323) 555-1234
Email: abcland@gmail.com

Expense :	Month: January 2016	Month: February 2016	Month: March 2016
Total Income:	\$4,200.00	\$3,600.00	\$6,200.00
Car	\$200.00	\$100.00	\$200.00
Equipment	\$1,000.00	\$900.00	\$1,000.00
Repair	\$300.00	\$2,200.00	\$100.00
Advertising	\$300.00	\$400.00	\$300.00
Depreciation	\$100.00	\$100.00	\$100.00
Meals & Entertainment	\$100.00	\$100.00	\$200.00
Cash Draw	\$1,000.00	\$1,000.00	\$2,000.00
Total Expense:	\$3,000.00	\$4,800.00	\$3,900.00
Net Income:	\$1,200.00	-\$1,200.00	\$2,300.00

The information provided above is true and correct to the best of my knowledge.

(Signature and date of Member Earning Income)

Please refer to the next page to see how MY HEALTH LA (MHLA) Program calculates your monthly income.



HOW THE MHLA PROGRAM CALCULATES INCOME

* When calculating your income, the MHLA Program does not include depreciation, meals and entertainment, and cash draws as business expenses. The MHLA Program adds expenses for depreciation, meals and entertainment and cash draws back into your monthly income. These types of expenses are referred to as “Disallowed Expenses.” Please see the example below.

** The MHLA Program counts negative amounts as zero (\$0). Please see the February 2016 income as an example.

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Repair	\$300.00	\$2,200.00	\$100.00
Advertising	\$300.00	\$400.00	\$300.00
Depreciation*	\$100.00	\$100.00	\$100.00
Meals & Entertainment*	\$100.00	\$100.00	\$200.00
Cash Draw*	\$1,000.00	\$1,000.00	\$2,000.00
Total Expenses:	- \$3,000.00	- \$4,800.00	- \$3,900.00
Net Income:	\$1,200.00	-\$1,200.00	\$2,300.00
Disallowed Expenses*	\$1,200.00	\$1,200.00	\$2,300.00
ADJUSTED NET:	\$2,400.00	-\$0.00**	\$4,600.00

MHLA Program monthly income calculations:

Net Profits:	January 2016	\$2,400
	February 2016 **	\$ 0
	March 2016	\$4,600
Total Net Profit:		\$7,000
	Divide by:	÷3
Monthly Net Profit:		<u>\$2,333</u>

Please refer to the next page for a blank My Health LA (MHLA) Profit and Loss Statement.



LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
COMMUNITY PARTNERS
MY HEALTH LA

PROFIT AND LOSS STATEMENT

Date: _____

Applicant's Name: _____

Application ID: _____

Person ID: _____

Company Name:

Address:

City, State, Zip:

Telephone:

Email:

Expense :	Month:	Month:	Month:
Total Income:	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Expense:	\$	\$	\$
Net Income:	\$	\$	\$

The information provided above is true and correct to the best of my knowledge.

(Signature and date of Member Earning Income)